

Registration District No. 244

Primary Registration District No. 3035

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richmond Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 3 days (Specify whether
In this community all life years, months or days)

3. (a) PRINT FULL NAME HENRY C. BROWN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nemonia Brown 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased January 19, 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Richmond, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas A. Brown
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Martha Crowley
15. Birthplace Rayville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Carl E. Brown
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof June 24, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Thurman
(b) Address Richmond Mo.

19. (a) June 23-41 (b) Malcolm Jackson (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 9 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 16, 1941, to June 23, 1941,
that I last saw him alive on June 15, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration
from Bladder 51 hr

Due to Carcinoma of Prostate gland & surrounding tissues.

Other conditions Coronary Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature W. L. Gainer, M.D. (M. D. or other)
Address Richmond, Mo. Date signed 6-24-41

RECEIVED
District Health Officer No. 8,
District File Number
7-12-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Errol

Registered Apprentice No. _____

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address.....Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.